STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Lee Manor	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145382 ER	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 1301 Lee Street Des Plaines, IL 60018	(X3) DATE SURVEY COMPLETED 03/22/2024 P CODE		
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)				
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<ul> <li>Provide and implement an infection prevention and control program.</li> <li>39781</li> <li>Based on observation, interview, and record review, the facility failed to implement appropriate infection prevention and control practices during medication administration by failure to disinfect medical equipment such as blood pressure (BP) apparatus and oximeter after each resident use. This deficiency affects all four (R65, R82, R124 and R150) residents in the sample of 35 reviewed for infection control during Medication Administration.</li> <li>Findings include:</li> <li>On 3/19/2024 at 10:54AM, V12, RN (Registered Nurse), said she will take vital signs of R150 before giving his medications. V12 placed the BP cuff to R150's left arm and pulse oximeter on left index finger. V12 obtained BP 129/81mmhg (millimeter of mercury) and Oxygen (O2) saturation of 97%. V12 did not disinfect medical equipment (BP cuff and oximeter) used with R150 and prepared his medications.</li> <li>On 3/19/24 at 11:10AM, V12, RN, said that she will take vital signs of R124 before giving her medications.</li> <li>Without disinfecting the medical equipment used from another resident, V12 placed the BP cuff on R124's right arm and place other place on right index finger. V12 obtained BP 128/76mmhg and O2 saturation of 95%. V12 did not disinfect medical equipment used with R124 and prepared her medications.</li> <li>On 3/19/24 at 11:34AM, R65 requested V12, RN, to take her vital signs. V12 took the same medical equipment, without disinfecting it. V12 placed the BP cuff to R65's left arm and pulse oximeter on left index finger. V12 obtained BP 128/76mmhg and O2 saturation of 95%. V12 did not disinfect medical equipment used with R124 and prepared her medications.</li> <li>On 3/19/24 at 11:34AM, R65 requested V12, RN, to take her vital signs. V12 took the same medical equipment, without disinfecting it. V12 placed the BP cuff to R65's left arm and pulse oximeter on left index finger. V12 obtained BP 1128/76mmhg and O2 saturation of 99%. V12</li></ul>				
	medical equipment with R82 and p	, she should disinfect the BP cuff and pu			

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

## Department of Health & Human Services Centers for Medicare & Medicaid Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	145382	A. Building B. Wing	03/22/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Lee Manor		1301 Lee Street Des Plaines, IL 60018		
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0880 Level of Harm - Minimal harm or	On 3/19/24 at 12:35PM, V6, Infection Control Coordinator, said medical equipment such as BP cuff and pulse oximeter should be disinfected after each resident use. V6 added, It is a must to clean it, to prevent spread of infection.			
potential for actual harm Residents Affected - Some	Facility's policy on Cleaning and Disinfection of Resident-Care Items and Equipment indicates:			
	Policy statement: Resident care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC (Center for Disease Control and Prevention) recommendations for disinfection and the OSHA (Occupational Safety and Health Administration) bloodborne Pathogens Standard.			
	Policy Interpretation and Implementation:			
	1. The following categories are used to distinguish the level of sterilization/disinfection necessary for items used in resident care:			
	c. non-critical resident care items are those that come in contact with intact skin, but not mucous membranes include blood pressure cuffs			
	3. Durable medical equipment (DME) must be cleaned and disinfected before reuse by another resident.			
	7. Intermediate and low-level disinfections for non-critical items include:			
	a. Ethyl or isopropyl alcohol			
	b. Sodium hydrochloride (5.25-6.15% diluted 1:500 or per manufacturer's instructions			
	c. Phenolic germicidal detergents d. lodophor germicidal detergents and			
	e. Quaternary ammonium germicidal detergents (low level disinfection			
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